

Checking Out: Hotels as Places for the End of Life

Abstract

This paper explores through an indirect approach why some people chose to die in a hotel rather than at home, in a hospice or a hospital. Through in-depth interviews with hotel managers and junior staff at four luxury city hotels, this issue was explored from the perspective of ordinary people, all of whom had some kind of long-term relationship with the hotel where they died. The hotel staff suggested that the reasons why some people choose to die in a hotel include loneliness, fear and to minimise emotional distress for their friends and relatives. The impact of managing such guests is investigated and shows that, although managers do care about the impact on the reputation of the hotel, they, along with their staff, are very much affected emotionally by these types of deaths. The suggestion emerged from the interviews that, with an ageing population, perhaps in the not-too-distant future the 'hospice hotel' could re-emerge as a tourism product.

Key Words: Hotels, Guests, Bereavement, Hospice Hotels

Introduction

'Sometimes I think I will end my days, if I can afford it, in a place like Claridge's' (Fry, 2012).

The above comment by Stephen Fry, as well as the recent death of Margaret Thatcher (formerly UK Prime Minister) who chose to spend the last weeks of her life at the Ritz Hotel in London (Gerrard, 2013) highlighted an unspoken development, that of people choosing to die in a hotel, rather than at home, in a hospital, nursing home or hospice. Checking into a luxury hotel and waiting to die, has been described as like 'checking out from life (in)...God's first-class waiting room' (Britten, 2013, p.28). There is, of course, a strong historical link between hospitals, hospitality and hotels that goes back to the very beginnings of the hospitality industry, that of offering comfort and accommodation to strangers (O'Gorman, 2012).

Edward-Jones (2004) identifies three types of what he calls hotel 'endings'; namely the '*grande dame*' that is, those who live permanently in hotels and settle their bills weekly, and for them the hotel is their home-from-home, without the day-to-day issues of owning a house to worry about, and perhaps, it is natural that they should die in the hotel. The second type of 'endings' are death by misadventure and murder. Such as Whitney Houston in her bath at the Beverly Hilton, Michael Hutchence who hanged himself by his belt at the Sydney's Ritz-Carlton, Sid Vicious's murder at the infamous Hotel Chelsea in New York, and in 2013 Cory Monteith (star of "Glee") at the Fairmont Pacific Rim Hotel in Vancouver. The third type of 'endings' are suicides by guests, sometimes planned in advance and sometimes not (Hay, 2011). There is, however, a fourth type of ending, the person who knows they are dying and decides on a specific hotel in which to spend their final few weeks in comfort and luxury. This fourth category can be sub-divided into two, those who inform the management of the hotel of their intentions to die, and those who do not. The former, of course, tend to have some type of relationship with the hotel, while the latter are unlikely to be known to the hotel management.

Within the context of tourism, death and dying have been extensively written about from the perspective of dark tourism, and its early history can be traced back to the 18th century, when it became fashionable to visit graveyards, often with imposing gravestones. These first 'dark tourists' looked for sublime pathos to add meaning to their lives; they expected to experience dark tourism in a cemetery. Visiting graves continued into the following centuries, with for example fans visiting Rudolf Valentino's grave to pay homage, and even today visiting the grave of Karl Marx in London, is a popular activity. However, some tourists have a fascination with death as presented by dark tourism, and they want to explore its meaning with regard to their own life. There has been a plethora of studies exploring the concept and meaning of dark tourism, with Seaton (1996) and Lennon and Foley (2000) amongst its early proponents. Although there is no agreed definition of dark tourism, the Institute for Dark Tourism Research (2013, p.1) has defined it 'travel to sites of death, disaster, or the seemingly macabre', while Stone (2006, p.146) has defined it as 'the act of travel to sites associated with death, suffering or the seemingly macabre' and suggested that the issue needs further exploration. That is, dark tourism, involves both travel and death, with the emphasis of current research on the motivation of travel to such places. Its popularity has grown to such an extent that Seaton and Lennon (2004, p.63) argue that it is now recognised as a 'leisure activity'. This growing interest in visiting sites associated with death is also reflected in the popularity of viewing dissected human bodies, with some 37 million people visiting Gunther von Hagen's 'Body Worlds' travelling exhibition of real dissected human bodies (Body Worlds, 2013).

Despite the range of papers exploring the topic, the academic literature associated with dark tourism has been described as 'eclectic and theoretically fragile' (Stone, 2005, p.112). Seaton and Lennon (2004) have suggested that there is a great need to explore the various micro-populations of dark tourism in more detail, and Reader (2003, p.2) has noted the relationship between dark tourism and pilgrimages and recommends that more research is undertaken to understand why people want to visit places associated with death. Hotels, and rooms within hotels where famous people have died or morbid events have taken place have fascinated people, and some hotels even charge a premium for staying in such rooms. In a listing of the top ten hotel rooms associated with the death of famous people (Voyer, 2012) Room 524 at the Stamford Plaza in Sydney where INXS lead singer Michael Hutchence died and Room 105 at the Highland Gardens Hotel in Hollywood where Janis Joplin died, attract a premium charge over the standard room rate.

Dark tourism sites, as Walter (2009) suggests, do not record everyday deaths of people, who have died of natural causes, but portray certain types of human suffering and mortality and challenge our culture. Dark tourism studies are usually about the dead and not the dying process; otherwise, were it morally acceptable, we might be offered tours of geriatric wards or hospices. The academic focus of dark tourism has been on places of death, rather than on dying *per se*, as researchers try to understand better the collective demand for this experience and the motives of those who seek it, rather than the reasons why some people chose to die intentionally in a semi-public place, such as a hotel. There is of course a degree of voyeurism associated with sites of death and the dying (Garrett, 2008). Dark tourism is often described as a definite or absolute statement, but in reality, it has a number of nuances. One of these nuances is whether dying by choice in semi-public places, such as hotels can be viewed through the hospitality lens.

It is proposed that death and dying in hotels can be viewed through the hospitality lens, for as O'Gorman (2010) suggested, there is a strong historic relationship between hotels/hospices/hospitals. The historic charitable image of hospitality is about providing kindness to strangers, but Lashley (2000) has contended, hospitality is now about the changing relationships between hosts

and guests, and this relationship was changed when hospitality is placed within the context of a commercial transaction. However, Cole (1997) suggests that hospitality is about protecting the stranger, and to ensure that no harm comes to them. This duty of care has been extended gradually over time with the development of protocols, quasi-legal 'laws of hospitality' along with a series of more formal legal obligations placed on the hotel, ensuring the protection of guests. However, this legal and policing function can sometimes clash with the desires of the guest, for kindness and comfort in their final days of life. This raises the question as to whether hospitality is an open and welcoming transaction between two strangers, or is no more than a commercial transaction. The guest/host processes are designed to define clear boundaries (Visser, 1991) between the guest and the host, to prevent the guest from becoming too closely associated with the day-to-day operation of the hotel. However, these boundaries are crossed when new services are demanded by the guest, and new rules and protocols need to be developed. As the debate about removing death from the private space of a home or hospital, into a hospitality commercial space such as hotel starts to occur, difficult questions need to be explored as to the relationship between the hotel and the guest.

Research Methods

Although dark tourism, as conventionally defined, usually has a connection with celebrity, fame or notoriety in some form. The purpose of this paper is not to explore dark tourism *per se*, but rather to explore a sub-section of this market segment, through interviews with hotel managers and their staff, as to why ordinary people would chose to die in a hotel, and the concerns of hotel managers and staff in coping with such a planned death. Therefore, the research question explored in this study is:

To investigate through interviews with hotel staff, why ordinary people select to die in a hotel, and to assess the impact of such planned deaths on hotel staff.

The sensitive nature of the topic and the obvious difficulty of interviewing people who chose to die in hotels, presented some challenges in the collection of data. It was, therefore, decided to adopt an indirect approach and to interview hotel managers in five-star hotels, who had some knowledge of the topic, either from their current or their previous employment, as well as directly interviewing junior staff who on a daily basis dealt with such guests, and could provide insights to better understand the issue. An inductive phenomenological research philosophy was adopted as the most appropriate approach by which to understand 'death tourism' within the setting of a luxury hotel, because it provides for an exploration of uncommon issues, based on the experiences and perceptions of individuals own perspectives, rather than a statistical analysis of the issue (Tichen and Hobson, 2011).

The research was conducted in a State capital and made use of an informal monthly meeting of hotel managers. As the researcher had conducted a number of studies with this group in the past when investigating other sensitive issues, and as the hotel managers had previously agreed to their staff being interviewed, it was thought that focus groups would be a suitable research methodology for this study. The original research design envisaged two sets of focus groups of six-eight people, with one group composed of senior managers, whilst the other would be more junior staff who dealt with the guests on a day-to-day basis. After being consulted, two hotel managers, who had in the past acted as the liaison contacts for the wider group of managers, raised concerns about discussions within a focus group, on why people chose to die in a hotel. On probing, the reason did not focus on issues of morality, but on issues of commercial sensitivity, and within this context, on the hotels'

pricing policy. However, the hotel managers' group agreed that the decision would be left to the individual managers as to whether they wanted to assist in the research on the condition that neither the city, the hotel nor the individuals would be identified and that the researcher would present their findings to the group at one of their monthly meetings, before the paper was published. It was decided, therefore, to use purposive sampling (Bryman and Bell, 2007) to conduct 14 in-depth semi-structured interviews, each lasting 30-45 minutes at four of the city's five-star hotels.

The sample was composed of four senior managers (S1-4) along with two or three junior staff (J1-10) at each of the four hotels. The junior staff were first approached by their managers and asked if they would be willing to take part in the study, and, if they agreed, they were then provided with a short note written by the researcher, explaining the purpose of the study. The researcher had no control over their selection, nor an understanding of their motivations for agreeing to participate in the study, although some of the reasons did emerge from the interviews.

In-depth interviews as a research technique can be criticised on epistemological grounds, for example on the quality of the information provided by the interviewee, and the rigour of the processes by which the researcher interprets such information. As none of the hotels had 'death tourism' guests in residence at the time of the interviews (summer 2013), the questions were answered from memory, so it was difficult to cross-check the results. It could be argued however, that, as the investigated topic is so rare and dramatic, this may overcome any concerns over recall issues. As the information from the research is filtered through the respondents, this 'raises questions about the validity of the interview data' (Botterill and Platenkamp, 2012, p.123). One of the conditions agreed before the interviews was that none of the interviewees would be recorded, so this made it difficult to take full and accurate notes. However, not recording the interviews may have assisted in helping the respondents be more open in their responses.

This study has many limitations, such as respondent recall, bias in the selection of the interviewees, limited sample size, the note-taking/recall skills of the researcher and the difficulty managers and junior staff might have in speaking about a challenging moral issue within the setting of a commercial activity. As the interviews were not recorded, and all were undertaken by only one person, it was not possible to triangulate the results. This is perhaps the most serious weakness of the adopted methodology, and this weakness is acknowledged. Given such limitations, it is difficult to see how the results can be generalised, and must be regarded at best, as indicative findings, which will help to frame future research into the subject.

Results

Whilst it is a rare occurrence for people to choose to die in hotel and, therefore, difficult to quantify, it is not unknown and all the managers and junior staff had some experience of such events. In total, all four managers were able between them to recall, some 31 deaths, in a combined working life in hotels of just over 90 years, and the ten junior staff were able to recall 43 such deaths, in a combined working life of almost 130 years. As the interviewees were selected because of their knowledge about such deaths, it is difficult to generalise these results to the hotel sector.

When the managers and their staff were asked why they thought that people chose to die in a hotel, the responses focused on both emotional issues and practical reasons.

'She came to my office to speak about leaving some of her estate to a charity to help retired hotel-workers, but after a few minutes she burst into tears, she said she knew she had only a few months to live, but had made her peace with God. Since she was leaving all her money, to various charities, she wanted to die in her favourite place, my hotel' S4

'We known xxx for over forty years, he was a very regular guest and got on well with all the staff, especially the junior staff, who enjoyed his stories and gossip. So when he told me was dying, he asked if could spend his last few weeks at the hotel, it was difficult to say no, as he no relations, and most of his friends had died' S2

Although most of these guests had no near relatives, some who did have close family and friends also selected to die in a hotel, for some very practical reasons, such as hotels being used to dealing with strangers, support was available 24 hours a day, and family and friends could stay in adjacent rooms.

'It was having help at the press of the room service button, and in the last few days we let rooms for their family and friends to stay and be close by' S3

'The staff were also friends of xxx, and we did everything to help the poor wee soul in her last days, and we also helped her family by providing things such as taxis and food as fast as we could' J9.

It would be wrong to suggest that the managers and their staff were not affected emotionally by the death of their guests, even though they knew the guests were dying. The guests' deaths also caused them to reflect on their lives, and how they would cope with their own death.

'I was really upset, he was such an active guy, swimming every day, but he went down very quickly ... that's how I want to go – quickly' J4

'Her death made me appreciate my family, I am so glad my grandkids are near to me. J6

'Having a family is so important, for in the end hotel staff are just hotel staff, we are not a substitute for a real family, although some guests seemed to think we were their real family' J10

'It is not the type of going I would want, surrounded by strangers when you should be with your family' J9

The managers also raised a number of practical issues, such as dealing with the grieving family, police, undertakers, disposal of drugs and medicines, removal of the body, special cleaning of the room and the delicate matter concerning the final payment of the guest bill.

'Moving any dead body from a hotel, is always difficult, but a planned death is a bit easier, as often we select the room with this in mind' S1

'I had to go into the room after xxx body was removed, I was crying when I had to touch her things and bag her clothes' J5

'Although she was a very tidy person, removing the soiled bedding and cleaning the room bought back just bad memories, not happy memories' J2

'We have well-tested HR procedures in place to help staff who find a dead guest, but it is clear that a planned guest death is not something we have given much thought to' S4

'The boss was really helpful to all staff; she was just upset as us' J4

'Despite being full over the summer, we kept the room empty for a good few weeks, out of respect for him, but also because it needed a special deep clean' S3

'Although xxx paid up full every week, and we had her credit card number she was two weeks behind when she died, but I felt we could not charge her ... it just felt wrong' S2

'xxx sister asked about the final bill, but the duty manager just said no, and although he offered to settle the bill from his own funds if this was a problem for the hotel, as the hotel policy was unclear, I just wrote off the costs. S4

The undertaker was very understanding, he removed the body at five in the morning and we made sure no guests saw the body, I felt bad taking him out through the staff canteen. S3

Unsurprisingly, the idea of guests selecting a hotel as a place to die was not seen as positive niche market, but managers did recognise that this happens. Although none of the hotels had policies to manage such events, they had policies to deal with guests who had died, whether by natural causes or by suicide and often this same procedure was used to deal with planned deaths. The hotel managers tended to inform only a few staff about the guests who had chosen to die in the hotel, and they tried to restrict this information to those who serviced the room and delivered the meals. However, it became clear during the interviews that most of the staff had known what was happening.

'It is difficult to keep a secret from staff, as they do speak to each other' S2

'My mates asked me why I was the only person allowed to clean the room, and all I could say officially was that it was special guest. But when they found out it was not a famous person, they just asked more questions – in the end I just told them, and they felt very sorry for me' J6

'When xxx asked me if it was ok to die in the hotel, I just did not what to say, my first thoughts were about the impact on the image of the hotel, not about his death. Thinking about this later, I was very angry with myself. S1

'When xxx was close to death, I felt a real need to speak to someone, but it was difficult as my wife said she is a stranger, why should you care – well I did care, but not sure why. In the end, I spoke to my mates, and this helped a lot. J2

On average, the dying guests stayed in the hotel for about four-six weeks, and, given that the policies of the hotels were to restrict staff access to such guests, it is not surprising that those staff who were in contact built up a relationship with the guests. This relationship, although friendly, could not really be described as close.

'I wanted to go the funeral, but was just not sure, as I was not family or a friend' J1

'The hotel sent flowers to the funeral, and gave the staff a chance to attend the funeral, but no-one went. This made me sad, as I thought the staff wanted to go' S3

'We got a thank you card from xxx brother, but this only brought unhappy memories – I wish it was not sent to us' J8

'At first I used to think of xxx when I went to clean his room, but after a few weeks it was just another room to clean – I feel bad just thinking about this now' J5

Although all the managers had carefully selected the staff to deal with the dying guests and were given the opportunity to decline, none did. Given the self-selected nature of the sample, perhaps this is not surprising. However, the junior staff felt that they should have been given more support from the hotel management, while the managers were more focused on practical issues.

'Although I did agree to service the room of the dying person, I was not really prepared mentally. He just looked like any old man with lots of money' J7

'I wished the hotel gave me the chance to speak to someone after she died, my mates helped, but I needed more than that, it was the first time I had seen a dead body' J3

'You would think that after 30 years of working in hotels, I would be used to dead tourists, but no, every death hurts' S3

'You would not believe the paperwork in managing a dead person, but at least with a planned death you can start the paperwork, before the death. S1

A number of managers reflected on the growing use of medical technology to sustain life, and suggested that perhaps their guests had rejected a hi-tech death, in favour of a more natural death.

'it is clear that the guest just wanted to die, in a peaceful manner, with no fuss, no drugs and most of all no doctors' S1

'xxx had been staying with us for about twenty five years, he had accepted he was going die and wanted a natural death, but he did not want to die alone at home, as he thought of us as his surrogate family and the hotel was his home' S4

Discussion

It is clear that 'death tourism' trips do take place in hotels, although the scale of activity is difficult to quantify because they are few in number, but from this study it is clear they are becoming, if not what popular, at least more common. The motivations for such trips can be gleamed only from secondary sources used in this study (the hotel staff) because of the difficulty of obtaining primary interviews. The significance of dying alone was frightening to many, and is clear that most of the deaths experienced by hotel staff were those of guests who had few friends and family, and the hotels were seen as providing a substitute family, that could comfort guests in their final days. It

was also clear that none of the hotels would accept guests who had complicated medical needs or were reliant on complex drug regimes. In other words, they had to be 'fit to die' before the hotel would accept them as 'death tourism' guests.

Although none of guests discussed by the hotel staff were famous or well-known people, they were all known personally to the hotels because they had stayed there in the past, on many occasions, and all of them had developed a relationship with the hotel over the years. The hotel managers also made it clear that they would not accept 'death tourism' guests who were unknown to them personally. The decision to accept a 'death tourism' guest was based solely on the discretion of the hotel managers, and the costs were determined and agreed before arrival. It was also clear from the discussions that the managers did not want the guest to appear in the public areas of the hotel with their medical appliances such as drips and oxygen bottles, because they knew this would alarm other guests and detract from the experience expected in a five-star hotel.

The impact of any negative press coverage was clearly a concern and the hotels had gone to great lengths to ensure privacy for the guests, both to protect them, but also their other guests and the hotel's reputation. The thought of becoming known as a 'death hotel' and any link with assisted end-of-life support organisations such as Digitas was frightening to the hotel managers. It was also clear from the interviews that all the staff had reflected on their own death and that they were all much more aware of the need to plan 'a good going'. This self-reflection was certainly enhanced by their dealings with the dying guest, but any longer-term impact is difficult to identify. They did think about close friends and relatives who were seriously ill and some felt more need to talk about death with them. They also outlined how the subsequent, but often limited, press coverage of the guest's death affected them and were worried that it would reflect badly on their family and friends' perception of their job.

There was much praise for the quality of the end-of-life care provided by the hospice movement and three of the hotel managers suggested there could be a market for commercial or at least not-for-profit hospices, what they termed 'hospice hotels'. They saw such places as combining the services associated with a five-star hotel, with the ethos of the hospice movement. They did however stress the possibility of cross-brand contamination, if they were marketed as part of a group brand of hotels, because such a development could have a negative effect on the overall brand.

Conclusions and Implications

Over the past two centuries, death has moved out from the home into institutional spaces, such as the hospital and the hospice and perhaps choosing to die in a hotel is simply an extension of this trend. As Walter (2009) has suggested, over the years there has been a growth in the number of occupations that mediate between the recently deceased and their relatives, such as funeral directors, coroners, registrars and if you are well-known, even obituarists. Perhaps hotel managers are just the latest addition to this growing list of professions and they need to develop skills, policies and guidelines in order to manage the dying hotel guest.

This research explored an issue rarely discussed in the existing academic literature; nevertheless, it does explore one of the many micro-populations that Seaton and Lennon (2004) suggest that needs further investigation. It also explored a weakness that Walter (2009) identified, that dark tourism does not seem to focus on the deaths of ordinary people. The literature also focused on places of death, rather than dying process *per se*, and so this study expands our understanding of death and dying, within a hospitality context. The study also explored the issue of voyeurism in death as

suggested by Garrett (2008), and suggests that dying in semi-public places like hotels can be viewed through a hospitality lens.

In terms of further research, obviously interviewing people who had chosen to die in a hotel would be interesting, but very difficult to undertake and ethically challenging. Perhaps it would be useful to explore the topic using a different methodology, such as discursive psychology in order to understand how the hotel staff could adopt different approaches in dealing with the death of their guests. Exploring the feelings of staff who come into daily contact with their 'death tourism' guests could help to develop better human resources' policies to support such staff. An exploration of the pricing structures and full costs of looking after such guests also needs to be undertaken, as does the development of a better understanding of the impact of such deaths on the image of hotel brands. We also need research into a more acceptable and positive marketing term other than 'death tourism'. Finally, market testing of the hospice hotel concept would help to assess the demand from this market segment.

The selection of a hotel as a place to die is not confined to the rich, but is now seen as a place to die for some ordinary people. There is no doubt that this is a niche market, but with the increase in the number of people living longer and adopting healthy and active lives, the demand from this market will increase in time. As Australia's population is set to change substantially over the next fifty years, with around one in four Australians 65 years or older by 2056 (Australian Bureau of Statistics, 2008), it could be argued that the development of five-star hospice hotels is a natural development of the retirement village.

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